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Rise of the Modern Hospital. An Architectural History of Health and Healing, 1870-1940

For those who designed and worked in nineteenth-century European and North American hospitals, architecture could be both dangerous and curative. Dark, poorly ventilated spaces were seen to be unhealthy. Light and air would counter infection and speed patient recovery; so too might the use of 'hygienic' materials. The advent of germ theory initially did little to change these ideas. However, by the early twentieth century a new understanding of the hospital had emerged. It was increasingly conceived as 'a functional backdrop to active medical interventions that were expected to generate a "normal" or healthy physiological condition.'¹ In other words, the hospital was re-imagined as a setting for treatments which were themselves the principal cause of health. The role of the designer was thus to provide a functionally efficient setting for these processes and treatments.

Jeanne Kisacky's engaging new study, *Rise of the Modern Hospital*, examines this shifting understanding of hospital architecture. Focussing on the United States between 1870 and 1940, the book charts the replacement of what she described as a 'charitable, environmentally therapeutic, reformative waystation' with a 'medical, technological health factory'.² For Kisacky, this change is the key to the modernity of the hospital building; modernity is thus defined in terms of intention and experience rather than aesthetics. Whereas the principal study of English hospitals in this period takes an essentially archaeological approach,³ Kisacky follows the likes of Christine Stevenson and Annmarie Adams in focussing more on the ideas and debates that shaped hospital design rather than the specific histories of her case studies.⁴

The book begins by exploring the dominance of the European 'pavilion plan' in the nineteenth century. With open 'Nightingale' wards located in finger-like wings, these pavilions were calculated to disperse apparently unhealthy air through ample ventilation. During the 1870s, economic recession meant that fewer hospitals were built, but the slowdown allowed time to work through the architectural implications of germ theory. Yet the disappearance of the pavilion plan was not a given, and Kisacky usefully charts its evolution in the light of new scientific understanding, as well as the emergence of competing alternatives. By the 1920s, high-rise hospitals were increasingly to the fore, shaped by ideas of flexibility, economy, and efficiency, and serviced by an ever-more complex range of technologies. Yet Kisacky

¹ Jeanne Kisacky, *Rise of the Modern Hospital: an architectural history of health and healing, 1870–1940* (Pittsburgh: University of Pittsburgh Press, 2017), 9.

² *Ibid*, 297.

³ Harriet Richardson et al., *English Hospitals, 1660-1948: a survey of their architecture and design* (Swindon: RCHME, 1998).

⁴ E.g. Christine Stevenson, *Medicine and Magnificence: British hospital and asylum architecture, 1660–1815* (New Haven and London: Yale, 2000).

emphasizes the variety of approaches to hospital design, including the survival of low-rise planning. She usefully discusses the extent to which established ideas could recur in new guises. For example, concern in the 1920s about the potential for bacteria-carrying dust to cause infection prompted renewed interest in ventilation. Similarly, the germicidal qualities of light led some to explore the possibilities of ultraviolet lamps: we read of difficulties in establishing a level of illumination that did not cause sunburn.

Rise of the Modern Hospital is a major addition to the small but growing literature on the history of modern hospital design. The book's significance is, however, broader than that, in two ways. First, Kisacky's interest in the technologies that served hospital buildings allows her also to contribute to an emerging history of the 'environmental design' of nineteenth-century institutional buildings.⁵ In particular, her account can productively be read alongside Alan Short's recent analysis of air movement and pathogen control in the Johns Hopkins Hospital, Baltimore,⁶ which sheds further light on the extent to which the ideas which Kisacky charts might actually have worked in practice. Furthermore, Kisacky also makes an important point about the history of Modern architecture. In an echo of Reyner Banham,⁷ she argues that buildings which look traditional may in fact be conceived in 'modern' terms, with an eye on technology, process and efficiency. Meanwhile, she suggests that the interest of such inter-war modernists as Richard Neutra in the health-giving properties of light and air represented an established view of architecture as something that in itself might be curative. In arguing that the modernity of architecture cannot be understood in terms of its appearance alone, *Rise of the Modern Hospital* convincingly makes the case for more inclusive and nuanced kinds of architectural history.

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⁵ E.g. Henrik Schoenefeldt, 'The Temporary Houses of Parliament and David Boswell Reid's Architecture of Experimentation', *Architectural History*, 2014, 57, 175–215.

⁶ C. Alan Short, *The Recovery of Natural Environments in Architecture: air, comfort and climate* (Abingdon: Routledge, 2017), 201–222

⁷ Reyner Banham, *The Architecture of the Well-Tempered Environment* (London: Architectural Press, 1969), 74–92.